

Mental Health Summit

10 October 2019

Report by

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Mental Health Summit Report

Thursday 10 October 2019

The first Connect Us Too Summit took place at the Scottish Sensory Centre in the University of Edinburgh.

The event was chaired by Nigel Henderson, the Chief Executive of Penumbra, which is a large mental health organisation working across Scotland. The summit was an opportunity to engage and network with other delegates. By communicating and sharing information, everyone could begin to understand how mental health for deaf people across Scotland is improved.

deafscotland


Mental Health Summit
10 October 2019

Our purpose

As the lead organisation for deaf issues in Scotland, we unify those passionate about achieving equality, access and citizenship for those affected by deafness in Scotland. We represent the marginalised and voiceless.

Four key pillars of deafness

We use the term the 'four key pillars of deafness' to describe Deaf BSL users, Deafblind, Deafened and Hard of Hearing as people experience different barriers that require different solutions.

Deaf/British Sign Language (BSL) users

People who are born deaf or become deafened early in life before learning a spoken language

People who are Deafblind

People with significant level of both hearing and sight loss

People who are Deafened

People who have become significantly deaf after learning a spoken language

People who are Hard of Hearing

Sometimes described as mild to moderate hearing loss



Deafened

Deaf/BSL users

Deafblind

Hard of hearing

The 'four key pillars of deafness' describe the range of ways people experience deafness

Toni Groundwater

See Me

The first speaker was Toni Groundwater from See Me, the anti-stigma campaign. See Me is Scotland's national programme to end mental health stigma and discrimination. Toni has been working with See Me Scotland for the past two years and has been working closely with deafscotland in that time.

The aim of See Me Scotland is to end the stigma and discrimination around mental health. They believe that anyone, regardless of a mental health problem, should be able to live a fulfilled life and enjoy equal rights. In See Me, staff talk about the importance of conversations and about the importance of talking and it being one of the most important ways of ending stigma and discrimination around mental health. It is known that too many deaf people have been excluded from that conversation. A recent survey of BSL users showed there is limited understanding around mental health and well-being in the Deaf Community and more needs to be done. There is shared vision and belief that everyone has a right to equal enjoyment around good mental health.

Deaf people in Scotland face huge inequalities and deaf people are twice as likely to develop a mental health condition than hearing people. There are particular barriers around accessing support when mentally unwell; deaf people are more likely to be at risk from social isolation, which in turn leads to more mental health issues. There is more work to be done to remove stigma and discrimination across mental health services to make sure deaf people access the support they need as individuals.

There is a need to gather lived experience and good practice to help make the necessary changes in the mental health experiences of deaf people in Scotland. There is also a need for more training so that mental health professionals are aware of the barriers and the solutions available in order to deliver high quality services to deaf people with mental health issues. More needs to be done to reduce the stigma around mental health , including challenging misconceptions and misunderstandings. And lastly, there is a need to influence policy and practice to encourage inclusion and participation.

Christopher Reid

Director of Operations, SignHealth

The second speaker was Christopher Reid, the Director of Operations with SignHealth. SignHealth works across England but we are currently looking at Scotland and the landscape and seeing what opportunities and challenges there are in terms of mental health and to see what assistance and support we can give. SignHealth is a Deaf-led organisation delivering a range of mental health services in the community and in care homes.

SignHealth has identified a number of issues and challenges faced by deaf people living in supported mental health accommodation in England. There is a lack of specialist services for deaf people especially in terms of residential services – care homes for deaf people with dementia or older people. There are two specialist care homes in England – Isle of Wight and Blackpool. There is also a need for more accessible “step down” pathways when people leave in-patient mental health services. There are particular issues when a Deaf person lives in a rural area and tries to access services.

There are also challenges when a Deaf person is being treated by forensic mental health services – are high and medium-high security services accessible in terms of access, communication and inclusion; more needs to be done to ensure they are.

Q&A

Nigel Henderson

Toni Groundwater

Christopher Reid

Q What is the difference between Shout and the Samaritans?

A The Samaritans service is more related to suicide and is telephone based. Shout is available using text/SMS. The Samaritans - www.samaritans.org - support the use of Shout - www.giveusashout.org - which was set up as the first 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere.

Q Access to the courts system for deaf people - how to break down the barriers?

A There needs to be more accessible information produced; and there needs to be more training given to staff to ensure the barriers faced are minimal. Service delivery needs to be co-produced; buildings needs to be designed for maximum access.

Q Has SignHealth done any work around the care review and the enquiry into historic abuse in Scotland?

A No. The Truth Project only works in England. The review in Scotland has only just included Donaldson's School.

Q How is stigma different for deaf people around mental health? Is there any difference for deaf people in Scotland compared to other places?

A Some of the stigma is around Deaf people having to use interpreters because their GPs cannot communicate directly with them so there is always a third person in the relationship. Mental health professionals are not necessarily aware of the needs of deaf people and how mental illnesses affect deaf people. Some of the stigma is around the language used to explain mental health, the symptoms and effects they have on people. The barriers that deaf people face when trying to access treatments and therapies also adds to the stigma.

- Q** How do we educate primary health professionals so that they understand the effect mental health issues have on deaf people?
- A** Education must start during their degree courses at university. More must be done to ensure all medical students, student nurses and students of other health professions have input early in their studies and that this carries on throughout their training. Then there is more chance of raising awareness when people are “on the job” – the basic knowledge is in place.

- Q** Isolation and depression is known to be a cause of addiction and alcoholism. The treatment is often talking therapies, which are often overprescribed and not accessible. What can be done to support deaf people?
- A** SignHealth provide this type of support in England. Will be looked at further in the workshop.

We asked attendees to

Tell us what you think of the Summit

**Mental Health Services
need to be centralised**

Consider online
Therapies

**Great Workshops – please send
powerpoint presentations**

Quicker funding

Reduce Stigma

More deaf specialist staff

More conversation about Mental Health

More Therapists

**Mental Health Services need to
be better-communications**

**Fantastic day! – so informative
– thank you!**

**Communication support excellent
esp electronic notetakers. Fantastic
and made day so much easier!**

**Please remember deafened people whose first
language is English. Often become isolated and
withdrawn. This can lead to mental health problems
and they have communication needs.**

**A fantastic event-diverse, thoughtful and needed to
focus on disparate areas of specialism over central
themes – well done deafscotland**

Workshops

**Specialist Mental Health Services -
The Scottish Mental Health Service for Deaf People**

**Counselling Support - NHS Greater Glasgow
and Clyde (NHS GGC) and Lifelink**

**Mapping mental health and deafness –
deafscotland**

BSL Therapies: SignHealth

Engagement & Awareness: NHS 24

**Using a visual tool to
support communication - Talking Mats**

**Deaf children and mental health provision
in Scotland**

NDCS Healthy Minds

Specialist Mental Health Services - The Scottish Mental Health Service for Deaf People

Delivered by Dr Deborah Innes

Dr Innes gave the background to how the Scottish Mental Health Service for Deaf People came about, including deafscotland's role in the development of the service. Originally, mental health services for deaf people in Scotland were provided in Glasgow and Edinburgh on a monthly basis by a psychiatrist and a nurse from the John Denmark Unit in Manchester.

The Scottish Council on Deafness (now deafscotland) did a piece of research – Making the Case for Specialist Mental Health Services for Deaf People in Scotland, and from that, the Scottish Government decided that a service could be set up. A group of psychiatrists, NHS Managers and others with an interest in deaf mental health came together to decide what the service would look like. It was decided that a community service was needed rather than an in-patient service. The thinking for this was that only a very small number of people need in-patient treatment, whereas a much larger group need treatment and support in the community. If the new service concentrated its efforts on in-patient support, the majority of deaf people in Scotland who need specialist support would be left out. The service was going to be set up using a consultation and advice model rather than a case load of every deaf person with a mental health problem.

The service is hosted by NHS Lothian in St John's Hospital in Livingston. It was launched in 2011 as an advisory and consultation service. It is commissioned and monitored by the National Services Division of NHS Scotland. The service review, which has just taken place, recommended the service continue to be designated a national service.

The service team are:

- A part time, 20 hours a week, psychiatrist;
- Two advanced practitioners; one full time and one part time covering the north;
- Occupational therapy – a day a week;
- A Community Mental Health nurse who works part-time and part-time at the Lothian Deaf Community Mental Health Service; and
- An Administrator.

What does the service do?

- Provides support for 45 people a year
- Advise colleagues in primary and secondary care who are seeing deaf people who have mental health problems.
- Assess deaf people in the language of choice of them.
- Hold clinics in Aberdeen, Inverness, Dundee, Glasgow and Edinburgh. Can see people in their GP practice or at home.
- Provide treatments that are time limited services, for example, a course of CBT or anger management.
- Provide “in-reach” for deaf people in a local mental health in-patient unit in their own area.
- Liaise with specialist services in Manchester. Deaf people who need in-patient treatments can access beds in the John Denmark Unit in Manchester or in hospitals in Birmingham and London.
- Work with specialist neuro-psychological services in Manchester. to Scotland as we need. Cognitive assessments that take place in English give false results for Deaf BSL users. This neuro-psychologist does assessments in BSL.

What should the referral/patient pathway look like?

The deaf person/patient sees a Primary Care Practitioner who may be their GP or a Health Visitor or a Practice Nurse. This Practitioner makes the referral to mental health services. Social Workers can also make referrals.

The Mental Health Service (Secondary Care) may be a local one or it might be the Scottish Service (Tertiary Care).

If the patient is referred to a local service, the Scottish Service will work jointly with that service to make sure it is accessible as possible for the deaf patient.

If the patient is referred directly to the Scottish Service but they think the patient would be better being seen by a local Mental Health Service, they will refer back but work with the local service to make sure it is accessible.

The patient is seen for assessment at the local clinic or at home. Then the Scottish Service is giving advice or sign posting to local deaf service.

The Scottish Service may do some time-limited treatment or follow up.

Referral to a specialist inpatient unit (Tertiary Care) would be done by the Scottish Service if this is necessary.

Barriers that deaf people face when trying to access support and services:

GPs often do not know how to assess a deaf person's mental health and look for a physical illness first (sometimes with terrible consequences)

The patient goes for a mental health assessment and even though their language/communication support needs are on the referral letter, there is not language/communication support provided at the appointment/assessment.

A lack of health professionals who are deaf aware and who can communicate directly with the deaf person rather than using language/communication support, whether it is BSL or using an Electronic Notetaker. And a lack of health professionals whose first or preferred language is BSL. Deaf patients do not necessarily want to use the same language/communication support for all aspects of their lives including when dealing with health and mental health issues.

Working with Deaf people who have the disability of language deprivation and language deprivation – the language needed to describe symptoms and feelings is not available to the majority of BSL users as it hasn't been developed yet. If a Deaf patient doesn't have the necessary language to describe what they are feeling, they cannot receive an accurate diagnosis which means that they cannot be treated appropriately.

A lack of local services that are accessible outside the Central Belt is a huge barrier. There is an expectation that the patient will be willing to move to Edinburgh or Glasgow or even Manchester for in-patient treatment. If the patient doesn't want to move, more needs to be done to make sure their rights are upheld and they receive the most inclusive treatment possible.

People and health professionals are not aware of the Scottish Service. There is nothing on NHS Inform.

Counselling Support - NHS Greater Glasgow and Clyde (NHS GGC) and Lifelink

Delivered by Paul Hull

As a result of consultation with BSL users in the NHS GGC area, in 2017 the Health Improvement Officer post was created to work with and support BSL users who had trouble accessing mental health services as well as primary health care services. NHS GGC appointed Paul Hull, who is a Deaf BSL user and who understands the issues.

The Health Improvement Officer's job is to work with BSL users to look at the barriers and to come up with solutions to these barriers. Part of the job is to make health professionals more aware of the barriers that BSL users have when trying to access services. One of the biggest barriers that BSL users face is access to counselling without involving a third party - a BSL/English Interpreter. Some BSL users do not mind, but the majority want counselling from another BSL user as there is a lack of consistency with interpreting and the BSL user has to tell their story repeatedly. The solution to this was to set up a pilot project with Lifelink.

The project was set up in August 2019 and runs until March 2020. The counsellor has been deaf since she was six and uses both spoken English and BSL. Some members of the Deaf Community are concerned because it is hearing organisation but this pilot project made a mainstream service more accessible for BSL users in the NHS GGC area. The project has had six referrals averaging eight sessions of counselling each. It was hoped that there would be between 10 and 15 referrals by this time.

When a person arrives at the service they are assessed. If through the assessment the person identifies as higher risk, the project refers them to the Scottish Deaf Mental Health Service.

The Health Improvement Officer, working with BSL users, has created a number of videos explaining some of the language used in mental health services and promoting good mental health. And with other Health and Social Care Partnerships to promote good practice when working with BSL users.

What are the barriers to counselling for BSL users?

The Deaf Community in Scotland is very small so there is a bigger chance of the counsellor knowing the BSL user than in mainstream counselling.

Deafblind BSL users who need tactile BSL may be doubly disadvantaged if the counsellor doesn't have these BSL skills.

Some therapies are not accessible in BSL as they have been developed as talking therapies and there is no direct translation; and any that do, don't translate easily into tactile BSL.

There is a lack of inclusive counselling services for adults, but a bigger gap is services for young people.

Mapping mental health and deafness – deafscotland

Delivered by Derek Todd

Deaf people are four times more likely to suffer from anxiety and depression than hearing people and one in five people in Scotland have a hearing loss. This means that there are probably a lot of people in Scotland who have problems with anxiety and depression as well as being deaf.

There is now a Scottish Mental Health Service for Deaf People in Scotland, which works with adults, but currently there are no deaf Children and Adolescent Mental Health Services (CAMHS) services in Scotland. Deaf children and adolescents who need specialist out-patient and in-patient treatment have to go to London. In CAMHS services in Scotland, there is a lack of culture awareness where hearing children are growing up as children of Deaf adults. These children may be confused about where they “fit” and may also have delayed speech as often their first language is BSL. And their parents may well be first or preferred BSL users with little understanding of mental health in adults, never mind children.

From the discussion, there needs to be:

- a central point where health and social care professionals can go to access information on services that are inclusive of deaf people.
- More training for mainstream mental health providers across the public and third sector.
- Services across Scotland need to be mapped and areas of good practice shared.

BSL Therapies: SignHealth

Delivered by Dr Sarah Powell

SignHealth's service focuses on treating anxiety and depression and trying to intervene early before these become long term mental health problems. This workshop is about improving access to psychological therapies (IAPT). The service cannot take referrals from Scotland only England and Wales. The service is based on an evidence-based psychological approach. It is time limited to make sure it is effective.

The IAPT model began in 2008 and wasn't working effectively for deaf people because interpreters were used. SignHealth adapted the model in 2011 to work directly with BSL users. One of the big challenges they saw was that most BSL users were seen in tertiary services, for example, the John Denmark Unit in Manchester. Deaf people were frightened because they thought that was where they were going to end up. The IAPT model is about encouraging Deaf people to engage so they don't become frightened of mental health services.

Another big challenge was most therapies are developed for hearing people. A different way had to be found to work with Deaf people. A number of Deaf-led Therapies were set up. Over 100 patients have been through treatment and it has worked well. People must be over 16 years of age; they can be oral Deaf, Deaf BSL users or Deafblind. Most of the IAPT therapies use NICE guidelines, which show the most effective therapies to use for depression, anxiety, and Post Traumatic Stress Disorder.

SignHealth use a stepped care model.

Step 1 is recognising there is a problem.

Step 2 is working on problems by yourself or with guided help.

Step 3 is looking at past events and how they affect the here and now; and receiving psychological intervention and social support.

Step 4 is receiving complex psychological interventions and combined therapies often with medication.

Step 5 is in-patient treatment.

The majority of people that SignHealth work with are at Step 2 and Step 3. The service provides face-to-face (in the same room) or online (similar to Facetime/Skype, but SignHealth own the platform) therapies often in partnership with the person's GP as people do not want their treatment linked to mental health services due to stigma. People need to have a choice of how they receive support. Step 2 looks at self-management sometimes with medication, always with information that is accessible and inclusive – over ten sessions. Step 3 is about changing behaviours – over 20 sessions.

Most of our therapists are Deaf. All our therapists are BSL users. We have some therapists that are hearing but have a background in the Deaf Community, for example, Children of Deaf Adults, who are culturally competent. The therapists are trained in lots of different ways in IAPT. For example, Cognitive Behavioural Therapy (CBT) is available that is very different from a hearing led model. It is not translated, it is by Deaf people and uses culturally appropriate BSL.

In Scotland, there is a lack of access to counselling – it is a bit of a postcode lottery. There is also the fact that in Scotland, specialist deaf mental health services are relatively new. There have been specialist services in England and Wales for over 30 years; in Scotland it is nearer 10 years. There is also very limited advocacy and peer support in Scotland and little investment in making sure this is available. Although there have been improvements, there is still a lack of deaf awareness in primary health care settings as well as the areas that promote self-management, such as prevention groups, sports facilities and self-help groups.

Engagement & Awareness: NHS 24

Delivered by Davie Morrison and Lauren Kennedy

What does NHS24 do?

NHS 24 provides a telephone and online based health service. The service is aware that it is not currently accessible to every person in Scotland and accepting that means NHS 24 is being honest and open and is willing to work together to help more people access the services.

1.5M people a year use the services including NHS Inform, which includes more information in BSL. There is information on screening and immunisation for example, and having asked people what the most important topics are, these have been prioritised.

This workshop is about the first phase of the Mental Health Hub. NHS24 have been working with the Scottish Government and contactSCOTLAND to allow BSL users to be able to contact NHS24. There were restrictions previously but now it is 24 hours a day so BSL users can access any NHS services, for example Mental Health services and Breathing Space. NHS 24's goal is to continue to build on a centralised communication hub using this model so people can access the services no matter what their communication needs.

What is the Mental Health Hub?

The Hub is about prevention and early intervention. In each Health Board area in Scotland, there are out of hours services, crisis teams, and different services in different areas. NHS 24 want to join up these local services and the emergency services and provide support for people with mental health issues, including .

Deaf people are more likely to have issues around mental well-being. Patients with mental health needs are 5 times more likely to be frequent callers to NHS 24 than people with physical health needs. The main aim of the Mental Health Hub is to provide the right care at the right time in the right place.

Over 80% of calls are safely managed by psychological well-being practitioners. Before people who called in, they went to out of hours services and were passed to the police or ambulance service to be dealt with. Now most are dealt with by psychological well-being practitioners, and anyone who needs more help is passed to a mental health nurse practitioner.

It used to be that patients called 111 and were put through to a call handler to tell their story. Then it would be decided they needed a mental health nurse. NHS 24 only had six mental health nurses and they weren't always available. If there wasn't one available, they would go to a general nurse and have to tell the story again. Then they would be advised to go see their GP or go to an out of hours service or put onto a crisis team or the emergency services. Now the person is put through to the Mental Health Hub, where frequent callers are, if possible, given to the same practitioner as they have spoken to before and they share practice and learn with each other. At the moment, the hub is open Thursday - Sunday 6.00 pm - 2.00 am. Next year, it should be open seven days from 6.00 am - 2.00 pm and by summer 2020, it should be 24 hours a day, seven days a week. There is no age restrictions on the use of the service.

The mental health nurses and psychological well-being practitioners can be dealing with people with low level anxiety as well as people with more severe issues. The nurses and practitioners can do therapies over the phone, for example, basic anxiety management which could not be done a year ago. And calls that come through that are more challenging and would previously been handed over to the police can now be managed in-house.

Phase 2 will involve taking "warm transfers" (The police/ ambulance call handler will speak to NHS 24 to give them detail and background about the caller before transferring the call) from Police Scotland and the Scottish Ambulance Service. 80% of calls to Police Scotland are non-crime related, they are often people in crisis with their mental health. NHS 24 has 8 mental health nurses and 15 psychological well-being practitioners. It is a national service and that is why it hasn't been promoted as yet. It needs to be developed in a measured way. NHS 24 is looking to employ another 27 psychological well-being practitioners to enable the service to be Scotland-wide.

Breathing Space is piloting a webchat project to open up the service to those who cannot use the phone or contact SCOTLAND-BSL or who simply prefer using text. People have had issues registering for Next Generation Text due to coverage across Scotland, but do have internet access. This gives them a choice about what they use when they need it.

Initial feedback shows people are finding it more beneficial to be able to express their thoughts by text. NHS 24's Youth Forum has recommended that the Breathing Space advisors use emojis so that users can be sure they are accurately picking up what they are saying. Deaf young people may be more likely to use Webchat if their first language is English and since there is little accessible CAMHS services, Breathing Space may pick up more of these people in the first instance.

There was a question on whether or not Breathing Space would have people who use BSL available for direct contact to Breathing Space. This facility was available a number of years ago, but wasn't a success due to the small number of BSL users in Scotland and their familiarity with each other.

Using a visual tool to support communication - Talking Mats

Delivered by Margot Mackay

Talking Mats started in the world of communication impairment and one of the first, was a research project working with people with cerebral palsy and then with Motor Neuron Disease, stroke, and dementia and people who have communication support needs. The organisation worked with children and young people with additional support needs, looking at how to help them generate their own targets for their education.

The tool is just a door mat.

It's a communication space, where you set up the mat using a scale at the top going from positive to negative, and the language of this scale can change depending on what you want to find out. What is important and what is not. Things you are managing, like, don't like, happy with and a whole range of things to use. You can have a visual conversation about anything; the talking mat is a way of having a structured visual conversation. The person doing the mat is the Thinker, the facilitator is called the Listener. It's an opportunity to think about certain issues in your life. The Listener presents a series of options and the Thinker can place it anywhere on the scale.

Margo and a delegate at the workshop showed an example of how to use the Talking Mat by looking at some basic household tasks and things to do with domestic life.

From where the options were put on the mat, the Listener was able to tell quite a lot about the Thinker's domestic life. The mat becomes a snapshot in time. It is about having a live conversation, prompting somebody to tell you about issues in their life in a way that is non-threatening.

The Scottish Government gave Talking Mats money to run a project in a school in Falkirk. The project trained all the teachers. They chose pupils to do the mat work and sent back the stories. The project then ran an Occupational Therapy clinic where OTs were trained to work with patients, and with a Third Sector organisation working with teenagers.

That project is called “Can Scotland be Brave”. It’s about being brave enough to open up conversations. Talking Mats is a technique that creates space for a conversation. Dealing with the small things as they arise means people don’t have a crisis when mental health issues are not dealt with. It’s the right support at the right time.

The project - Can Scotland be Brave, takes a rights-based approach and this model is used to help people understand how they need to fulfil their obligations in human rights legislation.

For children and young people if you take time to tell somebody about something that’s happened in your life and nothing changes, what’s the point? But if somebody is genuinely listening and something does change that’s empowering.

The organisation is building up a bank of resources. For example, the Keeping Safe project was a six year journey with NHS Fife and it started with Survivors Scotland and the Kingdom Abuse Survivors Project with support from the Scottish Government. It was a process which changes over the six years.

Talking Mats took the views of people with Learning Disabilities, talked to staff working with them, and the views of specialists working in the field. This all went together to build up a “Keeping Safe” resource. Feedback about the images was important and part of the process.

This was the wellbeing part, exploring physical and mental health; health appointments; autonomy and energy; sleep; weigh; self-care; and eating. These are things that can open up conversations. The feedback from the practitioners around Keeping Safe is that the main impact is gaining information. It can resolve fears, supports thinking, and it’s about having that safe space to bring up issues around adult protection.

Talking Mats work with people who have had a brain injury or limited speech/vocabulary as they can be used with pictures as well as words.

Deaf children and mental health provision in Scotland

Lois Drake, NDCS Scotland

One of NDCS Scotland's main campaign areas is mental health. This is something that is a critical issue for deaf children and young people. In terms of risk factors, deaf children have the same risk factors as hearing children but there are other issues that come into play that can increase vulnerability for these children. All identify that deaf children and young people are more at risk of experiencing mental ill health than their hearing peers. Some data says that 40% of deaf children are likely to experience mental ill health compared to 25% of hearing children. Other data suggests that this is higher at just over 50% with around 3.4% likely to require highly specialist services.

We know that 90% of deaf children are born to hearing parents who may have little or no experience of deafness and this can be a challenging and emotional experience for parents and carers. There are particular issues around developing close communicative relationships which can impact on the health of the child with evidence suggesting that deaf children are more likely to experience mental health problems if parent/child communication is poor. Evidence suggests deaf children are likely to experience social emotional developmental delay which can impact on social, peer and family relationships.

With all this evidence and deaf young people becoming more vulnerable to experiencing mental ill health. Deaf young people have also reflected this issue back with experiences of social isolation and bullying. This is particularly in mainstream schools. Many of those who use sign language have also reported feeling a lack of awareness about their language and how sometimes they are being made fun of.

Why is a specialist service required?

Overall we know there is poor access to mainstream mental health services for deaf children and young people. They experience difficulty accessing these services due to a lack of deaf awareness and knowledge of the impact of deafness to well-being among mainstream professionals, which in turn can impact on clear pathways for support and referral. Informal support is often unavailable due to communication issues and mainstream services not being equipped to deal with this. Information is in written format and may not be accessible. There can be barriers booking appointments and given sensitive nature of mental health, deaf young people are reluctant to ask friends or family to make appointments.

What could a specialist deaf children adolescent service offer? A Scottish service could offer specialist advice to teams and in a community setting for deaf children – in the same way that the adult Scottish Deaf Mental Health Service does. The term “deaf” refers to all levels of childhood hearing loss including temporary and unilateral and all the communication methods including sign language, SSE and spoken language.

It would promote user engagement in care and wider service through active service user involvement and gives specialist advice to mainstream CAMHS to ensure young people are treated in the most appropriate place. It would also partner with local deaf and mainstream schools and agencies to work together to develop comprehensive and integrated care pathways and offer support for professionals working with deaf young people to access specialist training and resources.

NDCS is campaigning to highlight the issue of mental health among deaf children and young people in Scotland and gap in specialist mental health provision for them. There was a DCAMHS group which submitted a Stage 1 application to the NHS Scotland National Services Division; this accepted the concept for this service in Scotland. Now evidence needs to be gathered to show the actual need for such a service and NDCS recently set up a research steering group to undertake research to establish an evidence base of that need in Scotland: the prevalence of emotional well-being issues or disorders in young people in Scotland.

Last year, the Scottish Government set up the Children and Young People’s Mental Health Taskforce, which has an input into a delivery board for children and young people’s mental health, co-chaired by Donna Bell and Jane O’Donnell from COSLA. It is important the voice of deaf children and young people is heard there.

The national service in England provide local outreach. They go to mainstream CAMHS services but also to schools and local hubs. Any DCAMHS would fit with Getting It Right For Every Child and the local support networks that children have so that children and young people would still get the benefits from local services that the child is accessing.

NDCS Healthy Minds

Nicola Mitchell, NDCS Scotland

The project was 15 sessions with 16 children between the ages of 3 and 11 years old. The children had very different backgrounds with varying levels of deafness. The children has a wide range language preferences, from children born deaf to those that became deaf later. Some of the children had BSL as their 4th language, because they had come from abroad and they were particularly frustrated and confused. The aim of the project was to develop the children's ability to reflect. The course started by assessing the children; all were different and had different needs. The project was about understanding each child individually, including their behaviour and looking at how we could improve that for their future.

Nicola Mitchell, who is Deaf and grew up as a BSL user, could offer the children empathy and be a role model for them. The children found it easy to communicate with her and to express how they were feeling. The resources used were visual because a lot of children had varying degrees of language. The children enjoyed the experience of the course and had the chance of talking to each other about what they did at home and share life experiences with each other about what they were going through as individuals. The project used drama, theatre, and exercise.

Throughout the course, the focus was on self-reflection of 'who am I?' because a lot of the children were lost and confused and didn't know the answer. A lot of them didn't know the concept of "who I am". Through sharing with their peers, they understood they had similar problems, for example, language barriers, and they were encouraged to think about how to solve their problems and think of a solution based approach.

deafscotland's campaigns

Communication for All was launched at the beginning of September and we want Scotland to be the first Inclusive Communication Nation where it doesn't matter what your language or communication needs are, they are met by

- the Scottish Government,
- the Scottish Parliament,
- all the public bodies working in and across Scotland,
- the Third Sector organisations that support and work with people; and
- the private businesses

that provide services on a day to day basis. It is also about the design of buildings and the things we use every day at home, at work and at play. A more inclusive and accessible world where communication with others is not a burden but a joy; and where buildings and equipment is accessible to people who cannot hear.

BSL For All was launched at the first National BSL summit and the aim of this is not just for people who Deaf, Deafened, Hard of Hearing or Deafblind or for people with autism, we want everyone to learn British Sign Language. It is also about having BSL role models who will encourage children and young people to learn the language.

Today's launch is "Connect Us Too". This campaign is about mental health, wellbeing, resilience and emotional first aid. It can include prevention, self-management, psychological education, and possibly CHIME - Connectiveness, Hope, Identity, Meaning, and Empowerment.

Our campaigns are all linked as having access to inclusive communication and information can make a difference to a person's mental health and wellbeing. If more people can sign, deaf people will not be as isolated and without peer support, and their mental health will benefit. When people have better mental health, they communicate with others.



Closing session of the Summit

There needs to be a central point for the production and dissemination of accessible and inclusive information on mental health in Scotland to prevent valuable resources being wasted on providing the same information in each Health and Social Care Partnership.

The provision of DCAMHS needs to move forward. The previous business case paper that was stage 1 of the process with the National Services Division provided evidence of need. Why the need for more?

Newborn screening and the support pathway for hearing parents so that they can access the necessary support so that these children can develop the necessary language skills to be confident, healthy people who know their place in the world? What would this look like and how does it happen across the whole of Scotland?

Socialisation should be looked at as well as prevention and psychological interventions.

We need to find ways of reducing the stigma of mental ill-health and to find ways of making information, support and services fully accessible and inclusive for all deaf people no matter their level of deafness or their language preference.

People have to move beyond just listening to other people because there is a lot of background noise, we have to really hear what they are saying - no matter what their language or communication preference is.

Thank you

Thank you to all the sponsors for making the day happen:

The ALLIANCE, the Scottish Sensory Centre, the University of Edinburgh, See Me, NHS Health Scotland, Sign Language Interactions, NHS24, Interpreter Now, Deaf Links and SignHealth.

And thank you to Nigel Henderson for chairing the conference.

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Consultancy and Evaluation

What can deafscotland do to support your organisation?

We can:

- Carry out affordable, deaf health checks and support your organisation to become more deaf aware across the four pillars of deafness.
- Evaluate your plans or service(s) with input from service users, their families and carers;
- Support your organisation to become a “Communication For All” organisation;
- Support your organisation to become more involved in local and national issues across government and across the four pillars of deafness.
- Advise, support and provide participatory activity.

For more information, click here



Are you Committed to Communication?

Join us in supporting Scotland to become the first inclusive communication nation – accessible to everyone!

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On request, this report can be made available in plain text

